


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 31 AM 9:48

DOCUMENT # A09599		
1. Entity Name SUMMIT PLAZA II, LTD.		

Principal Place of Business P.O. BOX 2809 215 NORTH EOLA DRIVE ORLANDO, FL 32802	Mailing Address 1033 STATE ROAD 436 SUITE 121 CASSELBERRY, FL 32707
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2. Principal Place of Business - No P.O. Box # 1033 STATE ROAD 436	3. Mailing Address
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Suite, Apt. #, etc. 121	Suite, Apt. #, etc.
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City & State CASSELBERRY FL	City & State
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Zip 32707	Country SEMINOLE	Zip	Country
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01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2085464	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LOWNDES, JOHN F. 215 N. EOLA DR. ORLANDO, FL 32804	
ENTERED JAN 23 2007	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000165027	STREET ADDRESS	1033 STATE ROAD 436 #121
NAME	GREATER PROPERTIES, INC.	CITY-ST-ZIP	CASSELBERRY FL 32707
STREET ADDRESS	1105 KENSINGTON PARK DR	STREET ADDRESS	400087356114
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	02/05/07--01009--003 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	407-331-8290
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STAPLE CHECK HERE